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PROFESSIONAL SOLICITOR
CAMPAIGN FINANCIAL REPORT

Professional Solicitor's name: _____

Person to contact regarding this report: _____

Telephone number of contact person: _____

GENERAL INSTRUCTIONS

1. Answer all items completely. Do not leave questions blank. This form must comply with Indiana Code § 23-7-8-1 *et seq.* and 11 IAC 3-1 *et seq.*
2. This form must be filed with the Consumer Protection Division within ninety (90) days from the ending date of the charitable solicitation campaign and within ninety (90) days after the anniversary of the commencement of a solicitation campaign lasting more than one (1) year. See Indiana Code § 23-7-8-2(f). Extra copies of this form can be downloaded at www.state.in.us/attorneygeneral/consumer/charityfundraisers.html.

REPORT

1. Name of the charitable organization: _____

2. Type of report (check one below):

Anniversary:

☐

End of Campaign:

☐

3. Beginning and ending dates of the campaign:

Begin ____/____/____ End ____/____/____

4. If an anniversary report, the beginning and ending dates of the reporting period:

Begin ____/____/____ End ____/____/____

Do not use correction fluid or tape on tables or dates. The answer to Item #5 must be the sum of answers to Items #6 + 7 + 8.

5.	The total gross amount of money raised by the professional solicitor and the charitable organization from donors:	
6.	The total amount of money paid to or retained by the professional solicitor:	
7.	The total amount of money, not including the amount identified in item 6, paid by the charitable organization as expenses as part of the solicitation campaign:	
8.	The total amount of money paid to or retained by the charitable organization after the amounts identified in items 6 and 7 are deducted from the amount identified in item 5:	

(The following is to be signed by an officer of the charitable organization.)

Beginning and ending dates of this reporting period: ____/____/____ - ____/____/____.

I certify that the information stated herein is true and complete to the best of my knowledge.

_____ Date Signed	_____ Name of Charitable Organization
By: _____ (Signature)	_____ (Printed Signature)
	_____ (Title)
	_____ (Charity Address)
	_____ (Charity City, State & Zip)
_____ (Telephone)	_____ (Telefax number, if applicable)

NOTARY

STATE OF _____)
) SS:
 COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this ____ day of _____, 20____.

My Commission Expires:

_____ County of Residence:	_____ Signature of Notary Public
_____	_____ (Printed Signature)

